

PLEASE COMPLETE ALL SHADED SECTIONS OF THE FORM

### 1. General information

Child's last name

Child's first name

Date of birth (day/month/year)

Sex

Male

Female

Address (no. and street)

City

Postal code

### 2. Additional information

Last name, first name of Parent 1

Last name, first name of Parent 2

Name of school

Name of teacher and class number

### 3. COVID-19 screening at school

By allowing your child to be screened for COVID-19 at school, you agree that:

- Your child can be given a screening test for COVID-19 when necessary, at no charge
- A person designated by the school administration and who has watched the public health videos can take a sample from your child for the test
- The test results will remain confidential

### 4. Consent or refusal

I acknowledge that I have read the leaflet for parents on COVID-19 screening at school and the information on the protection of personal data. I understand that I am free to consent to COVID-19 screening for my child at school or to refuse.

I **CONSENT** to quick-test COVID-19 screening for my child at school.

I **REFUSE** quick-test COVID-19 screening for my child at school.

My consent can be changed at any time by signing a new form.

Last name and first name of the parent or guardian (please print)

Telephone numbers of the parent or guardian

Home

Work

Cell

Signature of the parent or guardian

Date (day/month/year)